



**JOSEPH KELLY**  
TREASURER AND TAX COLLECTOR

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

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**ADOPTED**

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

25 July 21, 2015

  
PATRICK OGAWA  
ACTING EXECUTIVE OFFICER

July 21, 2015

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT  
(ALL SUPERVISORIAL DISTRICTS AFFECTED) (3 VOTES)**

**SUBJECT**

This is to request Board approval to accept compromise offers of settlement for patients who were injured in a third party compensatory accident and received medical care at a County facility. The Treasurer and Tax Collector (TTC) entered into negotiations with the liable parties and reached the following settlement agreements which were beyond the TTC's authority.

**IT IS RECOMMENDED THAT THE BOARD:**

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the following compromise offers of settlement:

1. Account Number 12856013 in the amount of \$ 4,225.92
2. Account Number 12526183 in the amount of \$ 9,427.59
3. Account Number 12923930 in the amount of \$21,845.69
4. Account Number 12861403 in the amount of \$ 4,607.61
5. Account Number 12449654 in the amount of \$ 4,359.40
6. Account Number 12884114 in the amount of \$ 4,519.86
7. Account Number 12580996 in the amount of \$ 5,000.00
8. Account Number 12827055 in the amount of \$ 5,543.31
9. Account Numbers 12711899 & 12835995 in the amount of \$4,631.24
10. Account Number 12576131 in the amount of \$ 5,000.00

**PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

These compromise offers of settlement are recommended because the subject patients are unable to pay the full amount of charges and the compromise offers represent the maximum amount the Department was able to negotiate or was offered under the legal settlement requirements involved in these cases.

The best interest of the County would be served by authorizing acceptance of these compromise offers of settlement, as they will ensure maximum possible collection on these accounts.

**Implementation of Strategic Plan Goals**

The recommended action supports Goal 1, Operational Effectiveness/Fiscal Sustainability, of the County's Strategic Plan by collecting funds owed to the County.

**FISCAL IMPACT/FINANCING**

Authorizing acceptance of these compromise offers of settlement will enable the County to maximize collections on these accounts.

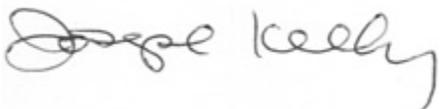
**FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

Under County Code Chapter Section 2.52.040 (L), the TTC has the authority to reduce patient account liabilities by the greater of: (i) \$15,000, or (ii) \$75,000 or 50 percent of the account balance, whichever is less. Any reduction exceeding this authority requires Board approval. These account reductions exceed this authority.

**IMPACT ON CURRENT SERVICES (OR PROJECTS)**

Authorizing acceptance of these compromise offers of settlement will result in net revenues for the County, which will in turn assist the County in meeting its fiscal responsibilities.

Respectfully submitted,



Joseph Kelly  
Treasurer and Tax Collector

JK:KK:KG:BR:en

Enclosures

c: Interim Chief Executive Officer  
Acting Executive Officer, Board of Supervisors

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR  
TRANSMITTAL NO. 135A

Amount of Aid	\$21,105.00	Account Number	12856013
Amount Paid	0.00	Name	Adult Male
Balance Due	\$21,105.00	Service Date	11/18/13 – 01/15/14
Compromise Amount Offered	4,225.92	Facility	LAC USC Medical Center
Amount to be Written Off	\$16,879.08	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$21,105.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$6,000.00	\$6,000.00	40.00%
Attorney Costs	400.00	400.00	2.67%
County of Los Angeles Fire Department	3,200.00	1,000.00	6.67%
County of Los Angeles	21,105.00	4,225.92	28.17%
Net to Client	N/A	3,374.08	22.49%
<b>Total</b>	<b>\$30,705.00</b>	<b>\$15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and is supported financially by his family. The client has no other source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR  
TRANSMITTAL NO. 135B

Amount of Aid	\$46,714.00	Account Number	12526183
Amount Paid	0.00	Name	Adult Male
Balance Due	\$46,714.00	Service Date	04/19/11 – 07/12/11
Compromise Amount Offered	9,427.59	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$37,286.41	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. He was treated at Harbor UCLA Medical Center at a cost of \$46,714.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$50,000.00 and proposes the following disbursement:

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$17,500.00	\$17,500.00	35.00%
Attorney Costs	4,272.00	4,272.00	8.54%
Beach Cities Emergency Physicians Medical Group	1,529.00	300.00	0.60%
Brigitte Rozchary, M.D.	6,469.00	2,350.00	4.70%
Centinela Radiology	182.84	90.00	0.18%
County of Los Angeles	46,714.00	9,427.59	18.86%
Kaiser Permanente	16,738.00	3,376.26	6.75%
Marina del Rey Hospital	2,341.00	800.00	1.60%
McCormick Ambulance	1,065.00	1,065.00	2.13%
Venice Family Clinic	480.00	30.00	0.06%
Net to Client	N/A	10,789.15	21.58%
<b>Total</b>	<b>\$97,290.84</b>	<b>\$50,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and is supported financially by his family. The client has no other source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR  
TRANSMITTAL NO. 135C

Amount of Aid	\$46,467.00	Account Number	12923930
Amount Paid	0.00	Name	Adult Male
Balance Due	\$46,467.00	Service Date	02/21/14 – 07/11/14
Compromise Amount Offered	21,845.69	Facility	LAC USC Medical Center
Amount to be Written Off	\$24,621.31	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. He was treated at LAC USC Medical Center at a cost of \$46,467.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$50,000.00 and proposes the following disbursement:

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$16,500.00	\$16,500.00	33.00%
Attorney Costs	84.32	84.32	0.17%
County of Los Angeles	46,467.00	21,845.69	43.69%
Net to Client	N/A	11,569.99	23.14%
<b>Total</b>	<b>\$63,051.32</b>	<b>\$50,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is employed and supports his family with a marginal income. The client has no other source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR  
TRANSMITTAL NO. 135D

Amount of Aid	\$39,472.00	Account Number	12861403
Amount Paid	0.00	Name	Adult Male
Balance Due	\$39,472.00	Service Date	02/07/14 – 02/20/14
Compromise Amount Offered	4,607.61	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$34,864.39	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$39,472.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Costs	798.08	\$798.08	5.32%
City of Los Angeles Fire Department	1,783.00	\$208.13	1.39%
County of Los Angeles	39,472.00	\$4,607.61	30.72%
Sylmar Orthopedics	1,578.48	\$184.39	1.23%
Net to Client	N/A	\$4,201.79	28.01%
<b>Total</b>	<b>\$48,631.56</b>	<b>\$15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client supports himself with a marginal income. The client has no other source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES - TREASURER AND TAX COLLECTOR  
TRANSMITTAL NO. 135E

Amount of Aid	\$114,596.00	Account Number	12449654
Amount Paid	0.00	Name	Adult Male
Balance Due	\$114,596.00	Service Date	12/13/10 – 04/08/11
Compromise Amount Offered	4,359.40	Facility	LAC USC Medical Center
Amount to be Written Off	\$110,236.60	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$114,596.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$ 6,000.00	\$ 6,000.00	40.00%
Attorney Costs	1,701.07	1,701.07	11.34%
County of Los Angeles	114,596.00	4,359.40	29.06%
Schaefer Ambulance	1,943.50	74.03	0.49%
Net to Client	N/A	2,865.50	19.11%
<b>Total</b>	<b>\$124,240.57</b>	<b>\$15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client lives with his family and supports himself with a marginal income. The client has no other source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR  
TRANSMITTAL NO. 135F

Amount of Aid	\$107,161.00	Account Number	12884114
Amount Paid	0.00	Name	Adult Male
Balance Due	\$107,161.00	Service Date	06/05/14 – 07/16/14
Compromise Amount Offered	4,519.86	Facility	LAC USC Medical Center
Amount to be Written Off	\$102,641.14	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$107,161.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.34%
Attorney Costs	815.20	815.20	5.44%
City of Los Angeles Fire Department	1,451.00	920.00	6.13%
County of Los Angeles	107,161.00	4,519.86	30.13%
Gilbert Varela, M.D.	1,090.00	120.00	0.80%
WestStar Physical Therapy	2,400.00	500.00	3.33%
Net to Client	N/A	3,124.94	20.83%
<b>Total</b>	<b>\$117,917.20</b>	<b>\$15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and is supported financially by his family. The client has no other source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR  
TRANSMITTAL NO. 135G

Amount of Aid	\$126,847.00	Account Number	12580996
Amount Paid	0.00	Name	Adult Male
Balance Due	\$126,847.00	Service Date	06/29/11 - 09/23/11
Compromise Amount Offered	5,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$121,847.00	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$126,847.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Costs	0.00	0.00	0.00%
County of Los Angeles	126,847.00	5,000.00	33.33%
Net to Client	N/A	5,000.00	33.34%
<b>Total</b>	<b>\$131,847.00</b>	<b>\$15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is employed and supports himself and his family with a marginal income. The client has no other source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES - TREASURER AND TAX COLLECTOR  
TRANSMITTAL NO. 135H

Amount of Aid	\$22,341.00	Account Number	12827055
Amount Paid	0.00	Name	Adult Female
Balance Due	\$22,341.00	Service Date	05/07/12 – 06/20/12
Compromise Amount Offered	5,543.31	Facility	LAC USC Medical Center
Amount to be Written Off	\$16,797.69	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$22,341.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$17,000.00 and proposes the following disbursement:

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$ 5,610.00	\$ 5,610.00	33.00%
Attorney Costs	370.07	370.07	2.17%
County of Los Angeles	22,341.00	5,543.31	32.61%
Net to Client	N/A	5,476.62	32.22%
<b>Total</b>	<b>\$28,321.07</b>	<b>\$17,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and is supported financially by her family. The client has no other source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR  
TRANSMITTAL NO. 135I

Amount of Aid	\$150,850.00	Account Number	12711899 & 12835995
Amount Paid	0.00	Name	Adult Male
Balance Due	\$150,850.00	Service Date	09/10/12 – 11/13/12
Compromise Amount Offered	4,631.24	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$146,218.76	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. He was treated at Harbor UCLA Medical Center at a cost of \$150,850.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$20,000.00 and proposes the following disbursement:

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$ 8,000.00	\$ 5,000.00	25.00%
Attorney Costs	4,445.24	1,554.84	7.77%
County of Los Angeles	150,850.00	4,631.24	23.16%
James Asaf, DDS	11,500.00	2,800.00	14.00%
South Bay Orthopedic Group	5,351.00	1,500.00	7.50%
Net to Client	N/A	4,513.92	22.57%
<b>Total</b>	<b>\$180,146.24</b>	<b>\$20,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is employed and supports himself with a marginal income. The client has no other source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES - TREASURER AND TAX COLLECTOR  
TRANSMITTAL NO. 135J

Amount of Aid	\$56,423.00	Account Number	12576131
Amount Paid	0.00	Name	Adult Male
Balance Due	\$56,423.00	Service Date	08/30/2011 – 10/04/2011
Compromise Amount Offered	5,000.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$51,423.00	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus motorcycle accident. He was treated at Harbor UCLA Medical Center at a cost of \$56,423.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Costs	254.00	254.00	1.70%
County of Los Angeles	56,423.00	5,000.00	33.33%
Net to Client	N/A	4,746.00	31.64%
<b>Total</b>	<b>\$61,677.00</b>	<b>\$15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client supports himself with a marginal income. The client has no other source of income or tangible assets.